



PATIENT	PRESENTING CLINICAL SIGNS
Corky Brown	Previously elevated T. Bili, GGT and ALP. Recheck BW showed all normal except ALP. Asymptomatic per owner. Sedated with Torbugesic and Propofol IV for FNA of spleen and splenic nodule (25G needle).
SPECIES	Abnormal PE/Chem/CBC/UA Results: BW (2/2022): elevated T Bili, GGT, ALP 972. BW (6/22/22): ALP 1,648, rest normal. RADS: suspected bladder stones.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Yorkie/Pomeranian Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Mild nonuniform thickening of the urinary bladder wall was present primarily ventroapical urinary bladder exhibiting mild asymmetrical luminal surface contour with minor polyploid component. Estimate 3, potentially 4 calculi with distal acoustic shadowing were present in the urinary bladder. An example measured 0.7 cm in diameter. The ventroapical urinary bladder wall width measured 0.55 cm in width.
MN	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.
9 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	INTERPRETED BY
20 lbs.	R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of nonobstructive medullary mineral to small renoliths, primarily in the lateral diverticuli, were present. No evidence of pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.
	IMAGING PERFORMED BY
	Dr. Ebersole
	Adrenal Glands
HOSPITAL NAME	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.61 cm width at the caudal pole. No evidence of adrenomegaly or neoplastic adrenal criteria was noted.
Scanvet	
REFERRING VET	Spleen
Dr. Bonte	The spleen was overall normal in size and contour and primarily maintained a finely textured homogeneous parenchyma. A solitary, subtly expansive, nonhomogeneous nodule in the mid-lateral spleen was present, measuring 1.5 cm in diameter. The nodule appeared to subtly symmetrically distort the associated lateral capsule. No evidence of parenchyma escape was present. No evidence of perisplenic inflammation or effusion was noted.
INVOICE	Liver/ Gallbladder
14140	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse
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6/28/22	



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echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate, congealed yet nonorganized gallbladder debris was present. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Multiple cystic calculi with mild ventroapical cystitis
- Bilateral nonobstructive renal medullary mineral to small renoliths
- Nonspecific mildly expansive splenic nodule - multiple etiologies possible including hyperplasia, hematopoiesis, small hematoma, focal splenitis, and granuloma, with potential for emerging neoplastic criteria
- Vacuolar hepatopathy pattern - benign
- Moderate gallbladder debris (non-mucocele)
- Mild pancreatic parenchymal remodeling - nonspecific, age / patient variant, remodeling secondary to previous inflammatory episode, or low-grade to chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on a sterile urine sample is recommended.

Correlation of the pancreatic presentation with a Spec cPL could be considered if clinically indicated.

The vacuolar hepatopathy pattern may be Idiopathic In this patient, although some degree of cholestatic disease, given the gallbladder debris, is possible. Hepatobiliary inflammation i.e., cholangiohepatitis is considered a less likely differential diagnosis without evidence of neoplastic criteria. Hepatosupportive medications including Denamarin and Ursodiol are recommended with continued monitoring. Potential hepatic sampling could be considered If progressive ALP elevation or evidence of cholestasis is noted.



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Correlation with the splenic nodule and pending cytology is suggested. Pending splenic cytology, cystotomy +/- splenectomy and hepatic biopsies could be considered.

SPECIES

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Three view chest radiographs are suggested prior to surgical considerations.

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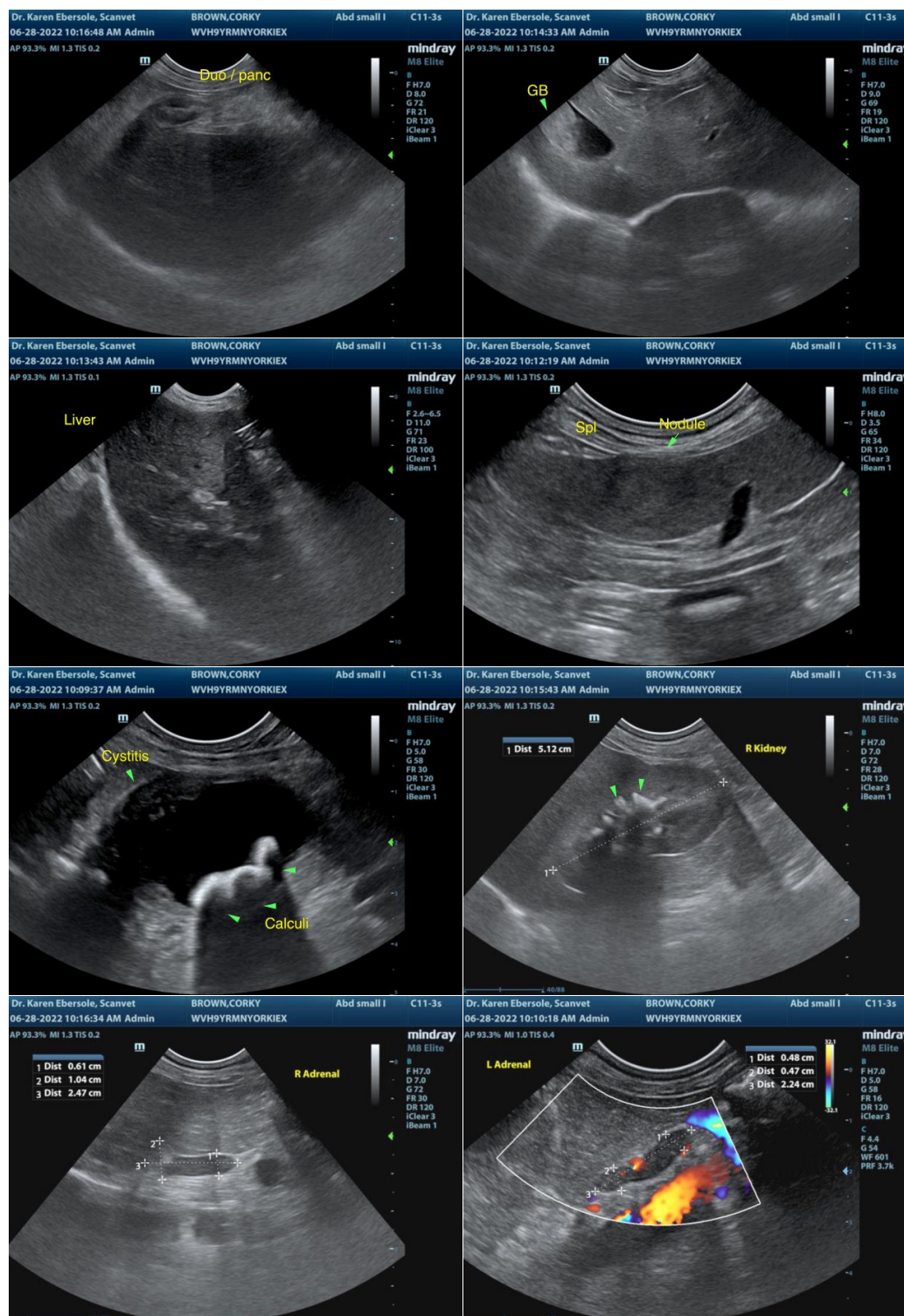
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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